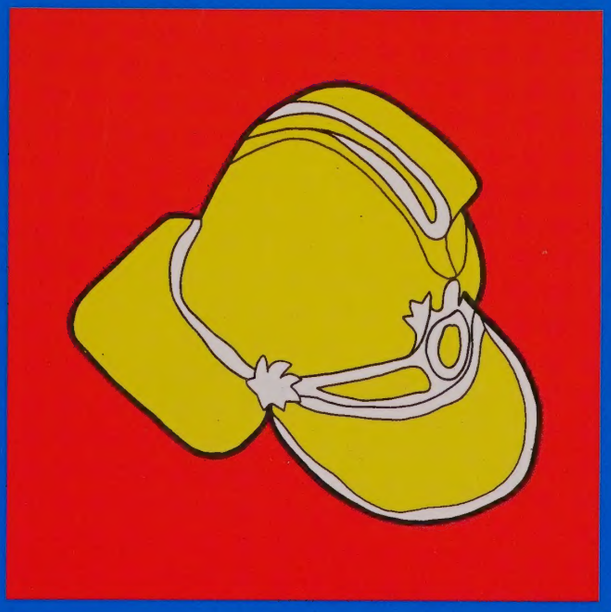
MCO 278

Firecode

Policy and principles



NHS Estates
An Executive Agency of the Department of Health

Firecode

Policy and principles

London : HMSO

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An Executive Agency of the Department of Health

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About this publication

This document is a revision of the document bearing the same title which was first published in 1987. It focuses on important issues which include:

- the provisions within existing legislation for imposing severe penalties for failure to comply with statutory requirements;
- the obligation of the NHS Management Executive to monitor health service compliance with the provisions of Firecode;
- the nomination of an executive director within each trust or health authority who will be directly responsible to the chief executive/ general manager for fire safety;
- the submission of an annual Certificate of Firecode Compliance to the Director of Policy, NHS Estates;
- a changed procedure for reporting outbreaks of fire.

This document takes effect from 1 April 1994.

The need for a fire safety strategy

A fire in a hospital would pose a major threat to the lives of everybody within it but particularly to its patients. Therefore hospitals and other healthcare premises require a fire safety strategy based primarily on avoidance of fire. In its event there must be the means for rapid detection, containment and control, supported by reliable and rehearsed procedures for removing patients to places of safety.

The strategy needs a high level of management commitment and professional competence. The whole must be supported by a procedure for appraising and re-appraising fire precautions and for staff training and re-training. Firecode: 'Policy and principles' provides the framework for such a fire safety strategy.

The document takes account of the following legislation:

a. the National Health Service and Community Care Act 1990;

b. the Fire Precautions Act 1971 (as amended by the Fire Safety and Safety at Places of Sport Act 1987);

c. the Building Regulations 1991.

References to health circulars have been updated or deleted if these have changed since publication of the 1987 document. Frequent references are made to other Firecode documents, all of which are included in Appendix 4.

References to legislation in the main text of this document apply in England and Wales.

Northern Ireland and Scotland

The guidance in this document is applicable to England and Wales only. Separate guidance is available for use in Northern Ireland and Scotland.

Home Office

The Home Office has distributed Firecode: 'Policy and principles' to all chief fire officers and has recommended that it, and the other documents which comprise Firecode, should be used in discussions with local fire authorities.

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1.0 Introduction

1.1 This edition of Firecode: 'Policy and principles' notifies NHS chief executives and general managers of legislative changes affecting fire safety in their healthcare premises. These changes arise mainly from the application of the National Health Service and Community Care Act 1990 but reference is made to other important legislative changes. The document provides guidance about the immediate legal implications of these changes and focuses specifically on management's important new role.

1.2 Two attempts by Home Office to designate the patient care areas of hospitals under the Fire Precautions Act 1971 were unsuccessful. An "alternative initiative" was accepted by Parliament, as reported in Hansard, 23 April 1980, columns 139-141. The initiative culminated in the Department of Health publishing a series of fire documents which now form Firecode. Firecode sets standards for the layout, design, construction and fire safety management of hospitals and other healthcare premises. It thereby provides effective means of escape for their occupants in the event of fire.

1.3 The Secretary of State for Health retained powers of direction under the NHS and Community Care Act 1990 which requires NHS healthcare premises, including trust premises, to comply with the provisions of Firecode. The NHS Trusts Unit letter of 25 September 1991 to first wave trusts has promulgated this requirement.

1.4 The removal of Crown immunities from 1 April 1991 now exposes the NHS, its staff and advisers to the full rigours of legislation providing for the safety of persons from fire within healthcare premises. It also exposes bodies corporate, their managers and employees to the full powers which may be exercised by the appropriate enforcing authorities. NHS managers must become familiar with their duties and responsibilities and ensure that their fire management policies comply fully with both the requirements of law and those of Firecode.

1.5 To take account of their new responsibilities, managers will need to review, amend and expand, as necessary, their policies and management procedures to ensure that they have tight control of every stage in the management of the fire safety process. This process may lead to some increases in operating costs and may require capital expenditure to provide for new and improved fire safety measures within their existing premises.

1.6 Management will need to consider a range of options as they improve their levels of fire safety. Issues to be addressed will include the risks involved (safety, legal, technical and financial) and the resources and timescales for completing programmes of work agreed with the fire authority. Management must ensure that sufficient resources are allocated within annual business plans to meet statutory and Firecode responsibilities, and that programmed work is effectively project-managed to completion.

1.7 The management of fire safety must be an ongoing process. Managers should keep standards under constant review and the impetus for improvement must be maintained. From time to time new legislation will lead to additional fire safety requirements. Firecode will be amended and extended, as necessary, to meet these new commitments.

1.8 Contracts for health services between health authorities and NHS trusts should contain clauses seeking assurances about fire safety. Providers should confirm to purchasers that their premises are currently in compliance with statutory fire provisions and Firecode (or that there are programmes in place to this effect), and that they will continue in compliance. These assurances should be sought as a prerequisite to health authorities placing healthcare business with trusts. Evidence of programmes of remedial work submitted under the terms of the Certificate of Firecode Compliance (refer to Appendix 1), will be regarded as meeting the intentions of this paragraph.

2.0 Factors contributing to fire safety in NHS premises

2.1 Fire safety in NHS premises will rely on a combination of physical and human factors. Each is considered in more detail:

a. **physical factors** include:

- careful building design and construction, conforming with approved regulations and codes;
- selection of appropriate automatic fire alarm and detection systems with proper installation and lifetime maintenance;
- a suitable choice of fire-fighting equipment and its effective maintenance;
- provision and upkeep of fire-retardant furnishings, textiles, fixtures and fittings;
- a review of fire precautions following alterations in use, layout or construction;

b. **human factors** are much influenced by:

- effective local management and organisation;
- carefully prepared safety policies and programmes of staff training etc, kept under constant review.

Important physical factors, principally for hospitals, are referred to in paragraphs 2.2 to 2.4 below and elsewhere in Firecode – namely HTMs 82, 83, 87, and 88, and the Fire Practice Notes.

2.2 Recommendations for the layout, design and construction of new NHS hospitals, new extensions and major alterations to existing hospitals are made in Firecode: HTM 81 – 'Fire precautions in new hospitals', with Supplement No 1 (1993). HTM 81 is cited in the Department of Environment's Approved Document to Part B of the Building Regulations 1991. This HTM is the guidance to be followed to satisfy B1 – Means of escape, in respect of hospitals.

2.3 Another Firecode document, 'Nucleus fire precautions recommendations', makes provisions which are bespoke and applicable only to those Nucleus hospitals which comply with the principles of the approved nucleus design concept for templates and streets, and are so designated. This document is cited in Approved Document 'B' in a similar way to HTM 81. Those Nucleus hospitals which do not comply closely with the design principles are required to comply with the provisions of HTM 81 (as in 2.2), its immediate predecessor (dated September 1978), or the Home Office 'Draft Guide to fire precautions in hospitals'. (Reference should also be made to EPL(93)5: 'Nucleus – the way forward'.)

2.4 It has been agreed with Home Office that the 'Draft Guide' will be replaced for NHS hospitals by the new Firecode document, HTM 85 – 'Fire precautions in existing hospitals'. It is intended that HTM 85 will be used with the revised HTM 86 to carry out fire risk assessments in hospitals.

2.5 Management's responsibility for the organisation and maintenance of fire safety in NHS healthcare premises is defined in Section 3.0 of this document. Section 4.0 deals with the main statutory provisions which health authorities and NHS trusts are required to observe in all premises for which they are responsible. Finally, Section 5.0 summarises some principles of fire safety embodied within the other more specialised documents of Firecode.

3.0 The management and organisation of fire precautions in NHS healthcare premises

Managment responsibilities

3.1 From 1 April 1991, Section 60 of the NHS and Community Care Act 1990 removed Crown immunity from health authorities and other specified health service bodies. The Secretary of State requires all NHS trusts and health authorities to comply with Firecode from that date. Home Office and the Department of the Environment are also concerned that Firecode will continue to be complied with by all health authorities, as was the case prior to 1 April 1991, and by NHS trusts from that date.

3.2 Chief executives and general managers are therefore responsible for ensuring the implementation of Firecode guidance in all premises owned or occupied by NHS trusts or health authorities. All line managers and staff have a responsibility, under their duty of care, to comply with the provisions of the guidance. (Refer to Appendix 2, Figure 1.)

3.3 In addition to ensuring that all statutory requirements are observed, the Secretary of State expects chief executives and general managers to have appropriate fire safety policies and programmes of work for maintaining and improving precautions at their premises.

3.4 No preserved Crown immunities relating to fire precautions have been sought in respect of the special hospitals. The removal of Crown immunity, in conjunction with the repeal of subsections (2c) and (10) of Section 40 of the Fire Precautions Act 1971, has the effect of applying the provisions of the 1971 Act to special hospitals in the same way as they are applied to other health service premises. Special hospitals should have made an application to their local fire authority by 1 April 1991 for fire certificates for those parts of their premises which are designated.

3.5 After 1 April 1991, owners or occupiers of premises belonging to NHS trusts and health authorities are committing an offence if the premises, or parts of the premises, are put to a designated use, as described in the Fire Precautions Act 1971, without an application having been made for a fire certificate, for those premises which are certifiable. Fire certificates may be required if more than 20 persons are employed in such premises as offices, shops and factories (including premises undertaking factory processes), or more than 10 are employed other than on the ground floor. Individual offices, etc within one building are aggregated for this purpose. During the period between the application for a fire certificate and the granting of the certificate, occupiers are required by law to ensure that certain minimum requirements are met in case of fire in respect of means of escape and fighting fire, and instructing and training staff on what to do. (Refer also to paragraphs 4.9 to 4.14.)

3.6 Hospital wards and other parts of hospitals directly concerned with the nursing and treatment of patients are not put to a designated use under the Fire Precautions Act 1971, and do not require fire certificates. However, such parts of the premises can be inspected by the fire authority and would be subject, where appropriate, to the requirements and special procedures in Section 10 of the Act, for dealing with cases of serious risk. Under its powers, a fire authority may serve on the premises a Prohibition Notice prohibiting or restricting their use to such extent as may be stipulated in the notice until the specified deficiencies have been remedied. Inspectors appointed by fire authorities have powers to enter premises in order to enforce the Act. (Refer also to paragraphs 4.10 and 4.15.)

Fire safety policies and programmes for fire precautions

3.7 Each premises of an NHS trust or directly managed unit must have:

a. a clearly defined fire safety policy;

b. a programme, agreed with the local fire authority, for installing and satisfactorily maintaining an adequate level of physical fire precautions designed to prevent the occurrence of fire, ensure its early detection and warning, and to control and stop the spread of fire;

c. an emergency evacuation plan to include means for raising the alarm in case of fire, first aid fire-fighting, methods for the movement or evacuation of patients, staff and other occupants in an emergency and appropriate, periodic and formally-recorded staff training in all these matters.

3.8 These clearly defined fire safety policies, programmes and plans are essential regardless of whether any particular NHS premises (or any part of such premises) is put to a use designated under the Fire Precautions Act 1971, and may, thereby, require to be issued with a fire certificate. Fire safety policies, fire precautions programmes and evacuation plans must not remain static; they need to be reviewed regularly to take account of changes in the structure of buildings, their functions and contents and any other matters which may have a bearing on fire safety. (Refer to paragraph 4.8.)

3.9 Chief executives shall assume overall responsibility for fire safety within their trust premises. To assist them, they should appoint an executive director at board level who will have the nominated reponsibility for fire safety matters. It will be the responsibility of each chief executive, with the executive director, to ensure that agreed programmes of

investment in fire precautions are properly accounted for in the trust's annual business plans.

Nominated officers (fire)

3.10 Chief executives and general managers should ensure that in each hospital or health service premises, an existing member of staff is nominated to:

a. supervise the effective day-to-day upkeep of the fire safety policy established for the premises;

b. ensure that **all** staff participate regularly in fire safety training and fire drills,

c. attend major fire drills;

d. be responsible for the co-ordination and direction of staff actions at a serious fire, in accordance with the emergency plan;

e. receive reports of all fire incidents from the hospital's fire safety adviser, inform the executive director of their contents and arrange for them to be acted upon in accordance with paragraphs 3.21 to 3.23, and Appendix 2, Figure 2;

f. ensure that at least annually, a special report is presented to the executive board informing them of the current state of fire safety in all premises for which the board is responsible, and that annually the Certificate of Firecode Compliance (Appendix 1) is completed (refer to paragraph 3.24 and Appendix 2, Figure 3).

3.11 Nominated officers (fire) should have one or more appointed deputies to ensure that a responsible person is **always** available to assume the specified range of duties when the principal officer is absent. In the event of an emergency, one of these officers should be able to take command until the fire brigade arrives and to act as a focus for liaison purposes thereafter. Hospital fire safety advisers and their assistants (see paragraphs 3.16 and 3.19 below) **should not** be appointed as nominated officers (fire).

3.12 Nominated officers (fire) are of such importance that they should be directly responsible to the appropriate chief executive, (or the executive director)/general manager, and they should be of sufficient seniority and proficiency to enable them to carry out the whole range of their duties effectively (refer to Appendix 2, Figure 1).

General duties and responsibilities of all staff

3.13 All staff have duties and responsibilities in respect of fire safety. Line managers are responsible for ensuring that fire safety policies and particular instructions are brought to the attention of their staff and observed by them. They should make provisions such that **every** member of staff can participate in fire safety training and drills. Effective training in first aid fire-fighting, practise in evacuation techniques and participation in fire drills for all personnel, without exception, is of vital importance. Where necessary, personnel should have both basic instruction in fire safety and fire training appropriate to their own particular category and the specific needs of their place of work. It is essential that all personnel in NHS premises:

a. understand the character and hazards of fire, smoke and toxic fumes;

b. know the fire hazards involved in their working environment;

c. practise and promote fire prevention;

d. know and follow the procedures in which they were trained, if fire breaks out;

e. report **all** fires to line management (refer to paragraph 3.21).

3.14 Staff should be instructed by way of the fire safety training referred to in paragraphs 3.10, 3.18 and in HTM 83, to report to line management instances where properly agreed fire safety procedures are not being implemented or observed, for example, anything affecting the integrity of escape routes and fire compartments, continued use of faulty equipment, etc.

3.15 Among the most important aspects of fire prevention in hospitals are the obvious dangers from smoking, the possibility of wilful fire-raising (arson) and the need for a range of good housekeeping measures. Advice on combating the risks from smoking and deliberate fire-raising, as well as a list of good housekeeping practices, is included in Firecode: HTM 83 – 'Fire safety in healthcare premises – General fire precautions' and Fire Practice Note 6 – 'Arson prevention and control in NHS healthcare premises'.

The appointment of specialist fire safety advisers

3.16 NHS trusts and health authorities have statutory and other responsibilities in respect of fire safety for all premises under their command. As a means for fulfilling their obligations, NHS trusts and health authorities with directly managed units are strongly recommended to appoint competent fire safety advisers. These specialists will be responsible for advising management on technical fire matters and for monitoring the state of fire precautions in healthcare premises (refer to Appendix 2, Figure 1).

3.17 The chief executive of each management unit must ensure the adequacy of the unit's fire safety provisions. The following exemplar provides a structure which, in the majority of cases, will be satisfactory for this purpose. It provides for the appointment of fire safety advisers and indicates the tasks for which they would be responsible. Any alternative

arrangements devised by management should fully satisfy the objectives set by the exemplar.*

Exemplar arrangements

3.18 Fire safety advisers should be competent to give authoritative guidance to management on all matters affecting fire safety in their premises. Their responsibilities and duties will include:

- advising and assisting management in the interpretation and application of the provisions of legislation, Firecode and other official guidance in respect of fire safety in NHS premises;
- advising management of their initial and continuing responsibilities in respect of their designated premises requiring fire certificates under the Fire Precautions Act 1971, and maintaining the necessary provisions following certification on behalf of management;
- involvement in fire safety audits with estates staff and contributing to periodic authoritative reports to management about the state of fire precautions in their NHS premises;
- involvement with estates staff and others in the identification and assessment of fire risks in healthcare premises, using the techniques of Firecode: HTM 86 and assisting with reports to management recommending prioritised actions in respect of fire safety improvements;
- liaising with estates staff and planning teams, local building control and fire authorities in the specification of fire precautions in new and existing premises;
- preparing training programmes for all staff employed in NHS premises, liaising with the nominated officer (fire) in the organisation of regular fire drills and staff training, witnessing the effectiveness, or otherwise, of fire drills and recommending remedial action when necessary, and arranging for accurate records of staff training and fire drills to be kept centrally, and at each workplace;
- managing and supervising adequate provision, siting and effective maintenance of all first aid fire-fighting equipment, fire safety signs, notices, etc;
- keeping accurate records of all fire incidents, investigating fires occurring in suspicious circumstances in conjunction with local fire and police authorities and ensuring that fire reports are forwarded to NHS Estates;
- ensuring that the presence and activities of contractors working on site are reported to them prior to the commencement of work and taking effective steps to ensure that their activities do not subvert fire precautions in existing premises;
- managing the work of assistant fire advisers and other fire prevention staff where necessary.

3.19 Assistant fire safety advisers: in large NHS trusts and directly managed units, where the workload can support it, it is recommended that assistant fire safety advisers are appointed. Their responsibilities and duties will include:

- providing support to the fire safety adviser in his duties;
- assisting with fire drills, staff training and the keeping of accurate records;
- monitoring the availability, serviceability and effective maintenance of all first aid fire-fighting equipment;
- providing fire safety information as a deputy to the fire safety adviser.

Voluntary fire brigades

3.20 A number of voluntary fire brigades exist in the NHS, mainly in isolated hospitals caring for people with mental illness and learning disabilities. The policy of the Department of Health is that authorities and trusts should continue to maintain these brigades where they judge them to be necessary. However, it is important that hospital brigades establish good working relationships with their local brigades. This is to ensure compatibility in respect of training, fire-fighting procedures and selection of equipment including, for example, breathing apparatus. Failure to recognise these needs will lead to serious delays in dealing with emergencies and rescue operations.

Reporting of fires

3.21 The collection of data from fire incidents in healthcare premises is important and lessons can be learned from routine reports, as well as from the comparatively few serious fires experienced in the NHS. These lessons are taken into account when preparing and amending Firecode guidance. They also inform the discussions of the National Fire Policy Advisory Group (NFPAG), which includes fire safety representatives of the Department of Health, the NHS, Home Office, the Department of the Environment, the Fire Research Station and others.

3.22 Trivial outbreaks of fire that are rapidly extinguished, for example smouldering paper in waste paper baskets started by carelessly discarded cigarettes should always be reported to line management. Large fires can develop from insignificant beginnings and fire brigades recommend that they should be called to attend **all** fires. Serious fires involving death, serious injury, closure and/or significant damage to parts of a healthcare premises, or its contents, **must always**

*The exemplar brings up to date the descriptions, duties and responsibilities of specialist fire safety staff referred to originally in Health Circular HC(78)4 and again in Firecode: 'Policy and principles', 1987

be reported. **In the first instance, a fire report should be sent promptly by the line manager, via the hospital fire safety adviser, to the nominated officer (fire) (refer to Appendix 2, Figure 2).**

Fire reporting procedures to NHS Estates

3.23 Details of **all outbreaks of fire to which the fire brigade is called,** in NHS premises under the control of, or contracted to, a health authority must be reported promptly (within 48 hours), by the nominated officer (fire) to the Director of Policy, NHS Estates, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE. In addition, fires involving multiple death, multiple injury or damage on a very large scale should be notified immediately by telephone/fax to the Director of Policy, NHS Estates, Tel. 0532 547000, Fax 0532 547299. (Refer to Appendix 2, Figure 2.) To aid the reporting and analysis of fire incidents, an exemplar of the minimum information required is presented in Appendix 3. The exemplar should be used as the basis for reporting the details of fires. An assessment of the cost involved should also be included if possible. An analysis of fire reports will be returned to general managers and chief executives at appropriate intervals. All chief executives/executive directors and general managers must establish appropriate procedures, compatible with the timescale outlined above, for the reporting of fires to them and, via the nominated officer (fire), to the Director of Policy, NHS Estates. **Fires involving death or multiple injury must also be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985.**

Monitoring arrangements

3.24 Legal advice has confirmed the obligation of the NHS Management Executive to monitor the application of Firecode in NHS premises. From April 1991, fire safety in the NHS has been monitored on behalf of the Management Executive by the NHS Estates Agency. It is the strategic responsibility of chief executives of NHS trusts and general managers of health authorities to demonstrate that their healthcare premises are in compliance with the principles and practice of Firecode. General managers of district health authorities still bear the statutory responsibility for the actions of general managers of directly managed units. The monitoring of trusts is less formal now than under the previous arrangements involving regional health authorities. However, as a means of ensuring compliance with Firecode, chief executives and general managers are required to provide evidence annually of such compliance, in the form of a Certificate of Firecode Compliance, which will be sent out by the Director of Policy, NHS Estates. The completed certificate and any attachments should reach the Director of Policy by 31 December in each calendar year. It should be signed by the appropriate general manager/chief executive on a date during December of that year. The nominated officer (fire) should ensure that the necessary procedures are followed every year and that the certificates are with the Director of Policy on time (refer to Appendix 2, Figure 3). A specimen Certificate of Firecode Compliance is indicated in Appendix 1.

3.25 The Department expects that all contracts for health services placed by health authorities with NHS trusts will contain clauses to ensure that trust premises comply, and will continue to comply, with all statutory fire provisions and Firecode. This must be as a prerequisite to placing healthcare business with trusts. Health authorities are encouraged to inspect the certificates referred to in 3.24.

3.26 NHS Estates will provide a strategic report on the state of NHS fire safety annually to the Director of Corporate Affairs of the NHS Management Executive. The report will include an analysis of reported fire incidents and, where necessary, will make recommendations about any new strategic fire safety initiatives.

Competent persons

3.27 In the fulfilment of certain duties, reference is made within the text and Appendix 1 of this document to the use of a competent person. Wherever a competent person in respect of fire safety is recommended within a Firecode document, the following definition shall apply:

> **Competent person: a person recognised as having sufficient technical training and actual experience, or technical knowledge and other qualities, both to understand fully the dangers involved, and to undertake properly the statutory and Firecode provisions referred to in this document.**

4.0 Statutory requirements

Introduction

4.1 The main Acts and regulations bearing on fire safety in NHS healthcare premises are:

a. the Fire Precautions Act 1971;

b. the Health and Safety at Work etc Act 1974;

c. the Building Act 1984;

d. the Registered Homes Act 1984;

e. the Housing Act 1985.

4.2 Also relevant are the Petroleum Consolidation Act 1928, the Highly Flammable Liquids Regulations 1972, the Licensing Act 1964 and the Local Government (Miscellaneous Provisions) Act 1992.*

4.3 Chief executives and general managers should be aware that each of these statutes contains provisions which create a number of criminal offences and set out the penalties for such offences. The penalties on conviction include fines, imprisonment, or both.

4.4 Section 60 of the NHS and Community Care Act 1990 removed Crown immunities from health authorities from 1 April 1991. NHS health authorities and trusts as bodies corporate, and their managers and employees are now exposed to the full rigours of the legislation and to the full powers of the appropriate enforcing authorities.

4.5 The changed legal position affecting NHS health authorities and trusts in respect of fire precautions for the statutes of 4.1 are given in paragraphs 4.9 to 4.34. However, it should be noted that provisions for fire precautions are also contained in Local Acts and that these are legally enforceable.

Local fire authorities' statutory duty to advise

4.6 The Fire Services Act 1947 places on fire authorities a statutory duty to advise on fire precautions when requested to do so. This duty is unaffected by the changes introduced by the NHS and Community Care Act 1990. Health authorities and NHS trusts may take advantage of this facility by seeking the advice and assistance of the local fire authority in defining fire safety policies, fire precautions programmes and related fire matters for hospitals and other health service premises (see paragraphs 3.7 and 4.8).

4.7 Advice about fire precautions may also be sought in connection with proposals to alter or develop buildings but the main procedures for these are covered under the Building Act 1984 (see paragraphs 4.23 – 4.25 below), and in which cases the local authority (building control) should be consulted.

4.8 Fire authorities should not be expected to formulate strategies or design proposals on behalf of health authorities or NHS trusts. In the main it is expected that, with the assistance of its professional officers or external consultants, the NHS will be able to identify and establish satisfactory standards of fire safety. A fire authority would then be notified by a health authority or trust of its fire safety policies and programmes of work and at this stage the fire authority should indicate its agreement. Approaches for advice to the fire authority will then be limited to cases of unusual circumstances or particular difficulty, except where statute or regulations dictate.

The Fire Precautions Act 1971 (as amended by the Fire Safety and Safety at Places of Sport Act 1987)

4.9 With the removal of Crown immunity, the enforcing authority for these Acts is the local fire authority, who are now responsible for:

- inspection and certification, or exemption, of trust and health authority premises which are put to a designated use;
- enforcement and prosecution under the Acts;
- charging fees for the issue, amendment or replacement of fire certificates.

4.10 The main Act empowers the Home Secretary to designate particular uses of premises. The use of a premises as a hospital has not been designated, but certain parts of these premises have been designated. These include those parts of NHS premises subject to the Offices, Shops and Railway Premises Act 1963 and the Factories Act 1961. Based on the number and location of persons employed in a building having designated premises, a fire certificate may be required. The local fire authority should be consulted in cases of doubt as to whether certain activities to be carried out in

*It is important that reference is always made to current legislation and regulations, including any amendments and dependent guidance and standards, as the statutory position is constantly evolving.

NHS premises may cause them to be put to a designated use. Smaller premises, although put to a designated use but not reaching the threshold for the number of employees for the purposes of certification, must still comply with Section 9A of the Fire Precautions Act 1971. Section 9A requires premises to which the section applies to be provided with such means of escape in case of fire and such means for fighting fire as may be reasonably required in the circumstances of the case. (Refer to the Note to 4.15, b.)

4.11 The following health service premises undertake activities which cause them to be treated as factories, but there may be other premises undertaking "factory processes" which are not covered in the list below:

- hospital maintenance workshops;
- ambulance maintenance workshops;
- laundries (with their boiler houses);
- laboratories (having manufacturing processes);
- hospital sterilizing and disinfecting units;
- catering production units (cook/freeze or chill meal production);
- electrical stations (including standby generation);
- boiler houses;
- industrial therapy units (providing work/employment for long-stay patients);
- central sterile supply departments;
- theatre sterile supply units;
- pharmaceutical departments (manufacturing or bulk supplies work);
- hospital medical photographic departments (processing work);
- radiotherapy shielding workshops (substantial manufacturing);
- radiological departments (X-ray processing and large units);
- renal units (maintenance and refurbishment areas);
- certain large stores/warehouses undertaking "factory processes".

4.12 The owners or occupiers of a premises put to a designated use are required to apply for a fire certificate. "Application for a fire certificate" [FP1 (Rev) 1993], should be made to the chief executive of the local fire authority in whose area the premises are situated, giving details of the numbers and locations of persons employed, the uses to which the premises are put, details of hazardous materials and details of fire-fighting equipment. Where application has been made for a certificate, and pending its disposal, the Act places an interim duty on the occupier of the premises to ensure that:

a. the existing means of escape in case of fire at the premises can be safely and effectively used at all material times;

b. the existing means for fighting fire are maintained in efficient working order;

c. persons at work in the premises receive instruction or training in what to do in case of fire.

4.13 Following the issue of a fire certificate by the fire authority, there are continuing legally enforceable obligations imposed by a certificate.

4.14 Home Office has published guidance which sets basic standards for means of escape and other related fire precautions in **existing** premises which require a fire certificate. Reference should be made to 'Guide to fire precautions in existing places of work that require a fire certificate – factories, offices, shops and railway premises' (1989) and to the booklet, 'Fire Precautions Act 1971 – fire safety at work'.

4.15 Chief executives and general managers should be aware that under the Fire Precautions Act 1971 and with the removal of Crown immunity, the fire authority has two important powers of enforcement, apart from certification of premises:

a. under Section 10 of the main Act, the authority may prohibit or restrict the use of any health service premises, including patient areas of hospitals, by serving on the occupier a notice, referred to as "a prohibition notice" in cases where:

   ". . . the fire authority are of the opinion that the use of the premises involves or will involve a risk to persons on the premises in case of fire so serious that the use of the premises ought to be prohibited or restricted . . .";

b. under Section 9D, the authority may serve on the occupier a notice, referred to as an "improvement notice", in respect of health service premises covered by Section 9A* of the Act, in cases where:

   ". . . a fire authority are of the opinion that the duty imposed by Section 9A of this Act has been contravened in respect of any premises to which that section applies . . .".

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*Section 9A deals with those premises exempt from the requirement for a fire certificate in which the occupier has a general duty to provide means of escape and for fighting fire. Home Office has published a practical guidance document on how to meet the duty under Section 9A, titled 'Code of practice for fire precautions in factories, offices, shops and railway premises not required to have a fire certificate' (1989).

4.16 The Fire Safety and Safety at Places of Sport Act 1987 amends the Fire Precautions Act 1971 by providing that future designation orders may define categories of premises, within a designated use, which can be exempted from the requirement to have a fire certificate if the fire authority considers that the premises present a low risk.

The proposed Fire Precautions (Places of Work) Regulations in relation to NHS healthcare premises

4.17 These proposed regulations stem from two EC directives – 89/391/EEC (known as the framework directive) and 89/654/EEC (known as the workplace directive). EC member states were required to implement these two directives by 31 December 1992. 89/391/EEC was introduced in the United Kingdom as "Management of Health and Safety at Work Regulations 1992" and 89/654/EEC as "Workplace (Health Safety and Welfare) Regulations 1992". In the United Kingdom, the introduction of the Fire Precautions (Places of Work) Regulations has been seriously delayed at Home Office and, at present, there is considerable uncertainty about their content and timing. If necessary, Firecode guidance will be amended to take account of these Regulations.

4.18 The EC Directives require that fire safety must be assessed through the application of risk assessment techniques. Firecode is about to address these techniques within HTM 86 – 'Fire risk assessment in existing hospitals' (in draft 1994). With the new requirements in prospect, HTM 86 is being revised to bring it up to date, to extend its scope and to introduce the method of fire risk assessment.

The Health and Safety at Work etc Act 1974

4.19 In 1987, health authorities lost Crown immunity in respect of the Health and Safety at Work etc Act 1974, from which date they became subject to its full provisions. The NHS and Community Care Act 1990 had no further effect beyond confirming the continuity of the provisions of the 1974 Act in respect of NHS premises.

4.20 The 1974 Act places on employers a general responsibility for protecting the health, safety and welfare of their own employees and others who may be affected by their activities. This includes the provision of safe means of access and egress. Although fire precautions are, in general, a matter for fire authorities, the inspectors of the Health and Safety Executive are responsible for control over risks associated with particular processes and substances, including the risks involving outbreaks of fire.

4.21 The attention of chief executives and general managers is drawn particularly to the general duties of employers to persons other than their employees under Section 3 of the 1974 Act where:

> "It shall be the duty of every employer to conduct his undertaking in such a way as to ensure . . . that persons not in his employment who may be affected thereby are not thereby exposed to risks to their health or safety".

4.22 This provision imposes a duty on managers to ensure that the health and safety of patients and **all** visitors to all their healthcare premises are not exposed to risks, including those involving outbreaks of fire.

The Building Act 1984

4.23 The key documents for means of escape requirements in hospitals are Firecode: HTM 81 – 'Fire precautions in new hospitals' (with Supplement No. 1), and Firecode: 'Nucleus fire precautions recommendations', with the Home Office 'Draft guide for fire precautions in hospitals'. The last document applies to hospitals built before the two preceding Firecode documents and although having no statutory force, they all set agreed standards for fire safety in hospitals.

4.24 With the removal of Crown immunity on 1 April 1991, the NHS ceased to be exempt from the full requirements of the Building Act 1984 and the Building Regulations, and local building control authorities became responsible for enforcing the procedural and substantive provisions of the Act in respect of health service premises. Local authorities are now responsible for:

(a) giving approval to plans, conducting site inspections and charging fees in connection with the Building Regulations 1991;

(b) enforcement and prosecution under the 1984 Act.

4.25 Arising from the recent review of the Building Regulations and its associated Approved Documents, the following documents are now cited in the 1992 edition of Approved Document 'B': Firecode documents HTM 81, the 'Nucleus fire precautions recommendations', HTM 88, and the Home Office 'Draft Guide'. NHS trusts and health authorities are required to comply with Firecode and the Home Office 'Draft Guide' documents, as above. The local authority takes the lead role on all building work, including structural fire precautions and means of escape, and will consult the fire authority to determine requirements for any active fire precautions. Where premises are certificated and alterations and additions are proposed under Section 8 of the Fire Precautions Act 1971, the occupier is required to notify the fire authority of those proposals at least two months prior to them taking place.

The Registered Homes Act 1984

4.26 The removal of Crown immunity has not affected the registration requirements under this Act or the functions of district health authorities in its administration.

4.27 The Registered Homes Act 1984 is the primary legislation governing the registration and inspection of residential care homes, nursing homes and private hospitals in England and Wales. The functions for registration and inspection of private nursing homes and private hospitals, given to the Secretary of State for Health, have been delegated to district health authorities by the NHS Functions (Directions to Authorities and Administration Arrangements) Regulations 1991 (SI 1991 No 554). Detailed statutory requirements, including requirements as to fire precautions and training, are set out in the Nursing Homes and Mental Nursing Homes Regulations 1984 (with amendments in 1988, 1990 and 1991).

4.28 Guidance applicable to private nursing homes and private hospitals is contained in the following documents:

(a) (i) HC(81)8 – Health Service Management:
HC(84)21 Registration and Inspection of Private
HC(86)5 Nursing Homes and Mental Nursing Homes (including Private Hospitals)

(ii) HC(88)48 supersedes paragraphs 1-5 of HC(86)5

(iii) HN(89)19 – Registered Homes Act 1984: Registration Conditions;

(b) (i) Home Office 'Draft guide to fire precautions in hospitals' – for existing hospitals (to be replaced by HTM 85)

(ii) Firecode: HTM 81 (with Supplement No 1) – for new hospitals

(iii) Home Office 'Draft guide to fire precautions in existing residential care premises';

(c) 'A Handbook for Health Authorities: Registration and Inspection of Nursing Homes', published by the National Association of Health Authorities and Trusts, (1985), with a supplement in 1988.

The Housing Act 1985 (as amended by the Local Government and Housing Act 1989)

4.29 With the removal of Crown immunity, local (housing) authorities became responsible for health service premises which fall into the two broad categories of: existing hostel-type accommodation, and houses which have been converted to provide a number of self-contained dwelling units with or without shared facilities. Both categories are defined by the Act, some as "Houses in Multiple Occupation", such as may be the case with nurses' and doctors' homes.

4.30 Local authority responsibilities in respect of fire precautions are:

a. by statutory duty: to secure adequate means of escape in case of fire for "Houses in Multiple Occupation" comprising at least three storeys (excluding basements) and in which the combined floor area of all storeys exceeds 500 square metres;

b. by discretionary powers:

(i) to secure adequate means of escape in case of fire for all other "Houses in Multiple Occupation";

(ii) to charge fees for any registration scheme they may set up in connection with "Houses in Multiple Occupation".

4.31 The Housing (Management of Houses in Multiple Occupation) Regulations 1990 place duties on managers of "Houses in Multiple Occupation" in respect, *inter alia*, of the provision of means of escape and other fire precautions.

4.32 Department of the Environment Circular 12/92 sets out a national standard which should be consulted by owners, managers and occupiers of the premises concerned.

4.33 In the case of one- or two-storey houses owned by health authorities for use by no more than seven mentally handicapped or mentally ill people, whose degree of disability does not require overnight supervision, the appropriate guidance is contained in Firecode: HTM 88 – 'Fire safety in healthcare premises: guide to fire precautions in NHS housing in the community for mentally handicapped (or mentally ill) people', cited in Approved Document 'B' (1992): 'Fire Safety'.

4.34 It is important to ensure that all necessary fire safety measures are carried out in these homes.

5.0 Principles of fire safety in healthcare premises

Key principles

5.1 This final section of Firecode: 'Policy and principles' summarises the principles and practice of fire safety as they apply to NHS healthcare premises. Appropriate cross-reference is made to the other more specialised documents in the Firecode series.

5.2 The basic principles of physical fire precautions and fire safety are straightforward. They are to ensure that:

a. if at all possible, outbreaks of fire do not occur;

b. fires that do occur are rapidly detected, an alarm is given and the fire brigade is called;

c. there is a safe means of escape from all endangered areas to places of safety for everyone on the premises;

d. the fire is extinguished as quickly as possible;

e. first aid fire-fighting is attempted, if it is safe to do so;

f. the development and spread of any fire is delayed and contained as long as possible by structural and other means;

g. endangered areas are evacuated quickly to a pre-arranged and rehearsed procedure;

h. evacuated areas are checked for the presence of patients and other persons and that a roll call for this purpose has been completed.

5.3 These principles have fundamental implications for the design of buildings, their mechanical and electrical systems and for equipment within them, including furniture, textiles, fixtures and fittings.

Means of escape

5.4 The basic concept governing means of escape from a premises is that: the occupants, including patients, assisted as appropriate, should be able to turn their backs on a fire, wherever it occurs, and travel away from it directly through circulation spaces and stairways to a place of safety, first within the premises and then, if necessary, to one outside the building.

5.5 This principle is applied in Firecode guidance such as HTM 81 – 'Fire precautions in new hospitals', with Supplement No 1, 'Nucleus fire precautions recommendations', the Home Office 'Draft guide to fire precautions in hospitals' and the new HTM 85 – 'Fire precautions in existing hospitals'. It requires that all escape routes should eventually lead to a place of ultimate safety, free from the effects of fire and smoke. In many hospitals, the escape route will be provided by the hospital street using the principle of Progressive Horizontal Evacuation.

5.6 It is essential that in all except a few very limited circumstances there should be an alternative means of escape from any point in a hospital should the primary escape route become blocked or dangerous to use. Access and egress must at all times be unimpeded by obstructions; instructions in respect of fire doors etc must be strictly enforced. Building or engineering work in progress must not be allowed to compromise these arrangements and, if necessary, temporary compartmentation to the required standard of fire resistance must be established for the duration of the work.

5.7 It is a requirement of the Building Regulations under Section B5 that designers must provide suitable access for fire brigade vehicles to the site and for appliances and equipment to be moved around the site, and adjacent to, and into buildings. Managers must maintain these access arrangements at all times.

Structural fire precautions

5.8 In addition to providing the best possible means of escape should fire break out, it is a statutory requirement that hospitals must incorporate structural fire precaution measures in their design, utilising to this end compartmentation and approved fire-resistant materials and methods of construction. Departments and areas of high fire risk, such as main kitchens, laundries, laboratories, boiler houses, workshops etc, should not be situated in close proximity to high life risk areas. In rare cases where this is unavoidable, additional precautions in the form of enhanced fire-resistant construction and/or the installation of mechanical equipment, such as sprinkler systems, may be necessary.

5.9 Detailed site plans and drawings showing the fire precaution arrangements of the hospital buildings, indicating escape routes, compartmentation and other fire-resistant construction, and all active fire precaution measures should be prepared and maintained, and copies held by the hospital fire safety adviser, the estates manager and the local fire brigade. In the event of subsequent alterations to the premises, the plans and drawings should be consulted to ensure that the fire safety integrity is not breached (refer to Firecode: HTM 81, Chapter 23).

Fire detection and alarm systems

5.10 The primary function of the fire detection and alarm system is to alert staff quickly in order that they may initiate the planned responses, including calling the fire brigade and activating the appropriate fire-fighting and evacuation procedures. Any proposals for new or modified fire alarm systems will, therefore, have direct and immediate implications for the whole fire precaution strategy. This means that designers or specifiers of fire alarm systems for hospitals need to develop their proposals in close liaison with those responsible for establishing the fire safety policy for the premises and its associated programmes for setting and maintaining fire precautions. Staff availability and training, fire drills and the effectiveness of evacuation procedures, all need to be considered as part of the strategy. Specific guidance on fire alarm systems is contained in Firecode: HTM 82 – 'Alarm and detection systems'.

Fire-fighting equipment

5.11 To combat the types of fire risk present in different parts of a hospital and other healthcare premises, there will be a need for appropriate first aid fire-fighting equipment. This will include hose reels, portable hand-operated extinguishers, fire blankets and fixed fire-fighting equipment. Sprinklers, foam inlets and total flooding (gas) systems, but not Halon, may be required for some industrial zones. Generally, hose reels or portable fire extinguishers should be provided to cover all areas of hospitals. In certain areas where there is a special fire risk, for example a location having flammable liquids or electrical plant where water will be an unsuitable medium, extinguishers of an appropriate non-water type should be provided. Details of suitable equipment are included in Firecode: HTM 81 – 'Fire precautions in new hospitals' and, for existing premises, in the Home Office 'Draft guide to fire precautions in hospitals', and its replacement, HTM 85. Reference should also be made to HTM 83, which deals with the subject in greater detail. (Refer to Appendix 4.)

Fixtures and fittings

5.12 It is essential that the contents of a premises comprising furniture, textiles, fixtures and fittings, including mechanical and electrical equipment, receive careful consideration and selection in order that they will fulfil the aims of the fire safety strategy. (Refer also to 5.17.)

Textiles and furniture

5.13 The spread of fire is often facilitated by the presence of flammable furniture and furnishings which can also generate highly toxic gases and vapours when they burn. Firecode: HTM 87 – 'Textiles and furniture', gives fire safety considerations and detailed guidance on furniture, furnishings and bed assembly items used in healthcare premises.

Electrical equipment

5.14 The means for isolation of any electrical plant and equipment should be so located as to be readily accessible in the event of fire. **All electrical equipment and its wiring should be used safely in the manner and for the purposes intended and should be checked periodically. In particular, the inspection should ensure that appropriately rated fuses and/or circuit breakers are fitted.** (Refer also to Electricity at Work Act 1989.)

5.15 Staff should be given clear instructions on key points, for example:

- electrical equipment should be switched off and preferably unplugged or isolated when not in use or when it is unattended, especially overnight;
- no attempt should be made by non-competent persons to carry out any unauthorised adjustment, modification or repair to equipment or wiring;
- no official or private electrical appliance should be used until it has been checked and approved by a competent person;
- any suspect electrical equipment or electrical wiring must be withdrawn from service immediately and reported to the person responsible for electrical maintenance in the estates department.

5.16 Further advice is given in Firecode: HTM 83 – 'Fire safety in healthcare premises: general fire precautions', in HTM 2007 – 'Electrical services: Supply and distribution', and in HTM 2020 – 'Electrical safety code for low voltage systems'.

5.17 Many fires are started through the use of faulty or inadequately maintained equipment and equipment which may become hazardous when put to uses for which it was not intended. There is a standing requirement for chief executives and general managers to report immediately and to give details of adverse incidents, reactions and defective products relating to medical and non-medical equipment etc, and buildings and plant etc, in accordance with Circular HSG(93)13. When necessary, the Department of Health or its Agencies, will advise users and may issue a general warning to the NHS by means of a Safety Action Bulletin (SAB) or Hazard Notice (HN).

Chemicals, solvents and anaesthetics

5.18 Guidance is contained in Firecode documents: Fire Practice Note 2 – 'Storage of flammable liquids' and HTM 83 (as above), and in Works Officer Letter WKO(85)1 – 'Code of practice for storage of medical, pathology and industrial gas cylinders', which is to be incorporated within HTM 2022 – 'Medical gas pipeline systems', expected to be published in 1994.

Appendix 1

Annual Certificate of Firecode Compliance

This Certificate is for use as the means for general managers of health authorities and chief executives of NHS trusts to confirm to the NHS Management Executive that all premises coming within their command comply with statutory fire provisions and the provisions of Section 3.0 of the current edition of 'Firecode – Policy and principles'. The completed certificate should be returned by 31 December to The Director of Policy, NHS Estates, Department of Health, 1 Trevelyan Square, Boar Lane, Leeds LS1 6AE.

1. I certify for the year 1 January 199* /31 December 199* that all premises owned and/or occupied by the health authority/trust have been thoroughly assessed by persons competent to do so, for compliance with statutory and Firecode fire safety provisions.

   I certify that all requirements:

   a. are being met fully in the premises owned and/or occupied by the health authority/trust and/or;

   b. will be met when the programme of work agreed with the local fire authority is completed and not later than . . . . . day of . . . . . 199 . . .

   I certify that I have procedures in place to ensure continuing compliance for the period of the next twelve months

   Signature. . . . . Date. . . . . December 199 .

   General manager/chief executive

2. **Evidence of Notices Served**

   The following Notices, in accordance with the provisions of the Fire Precautions Act 1971 and other relevant legislation in respect of fire safety, have been served by the fire authority (or other authority) to the premises described hereunder during the current year, or are in force at these premises during the current year. I attach copies of these Notices, if any, and evidence of the remedial actions I have taken/will be taking, to satisfy the fire authority (or other authority) in respect of these Notices.

   Listing: in accordance with attached schedule.

   Signature. . . . . Date. . . . . .

   General manager/chief executive

   of . . . . . NHS Health Authority/Trust

   * insert year

SPECIMEN

Appendix 2

Firecode management procedures

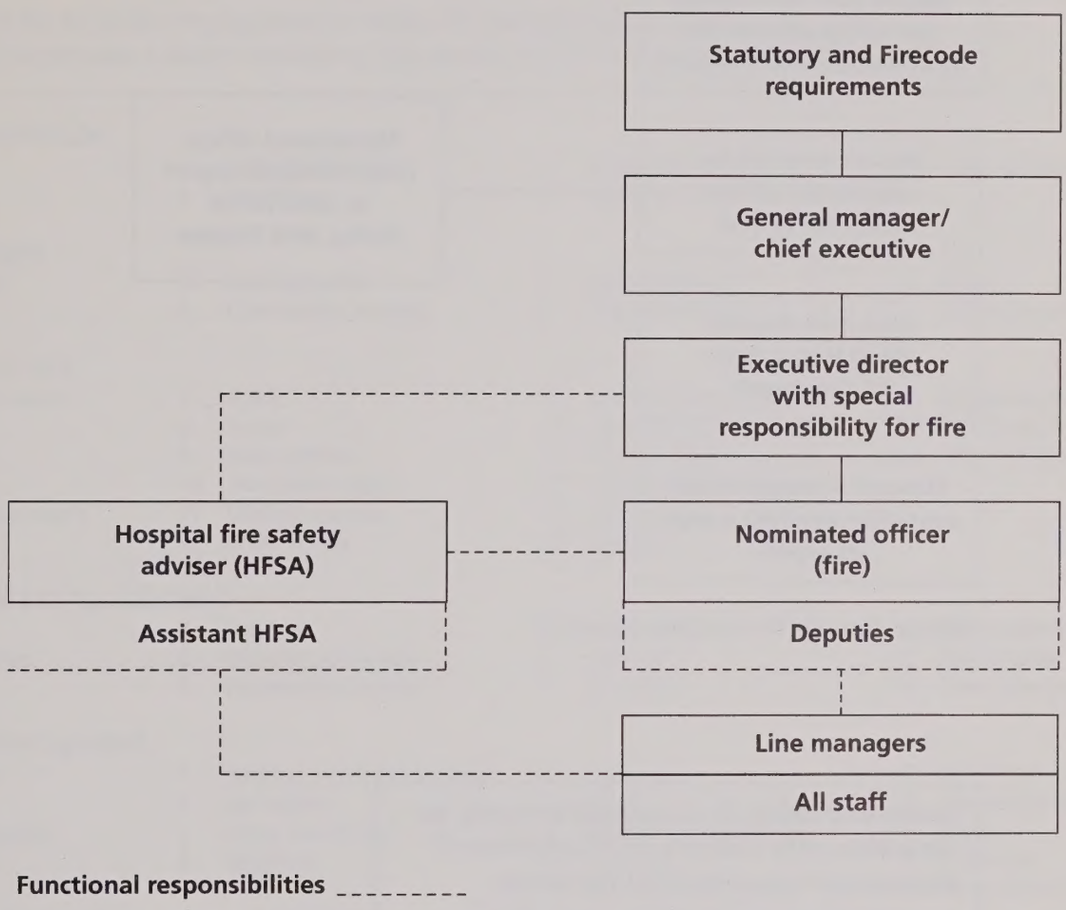

Figure 1 The management and organisation of fire precautions in NHS healthcare premises

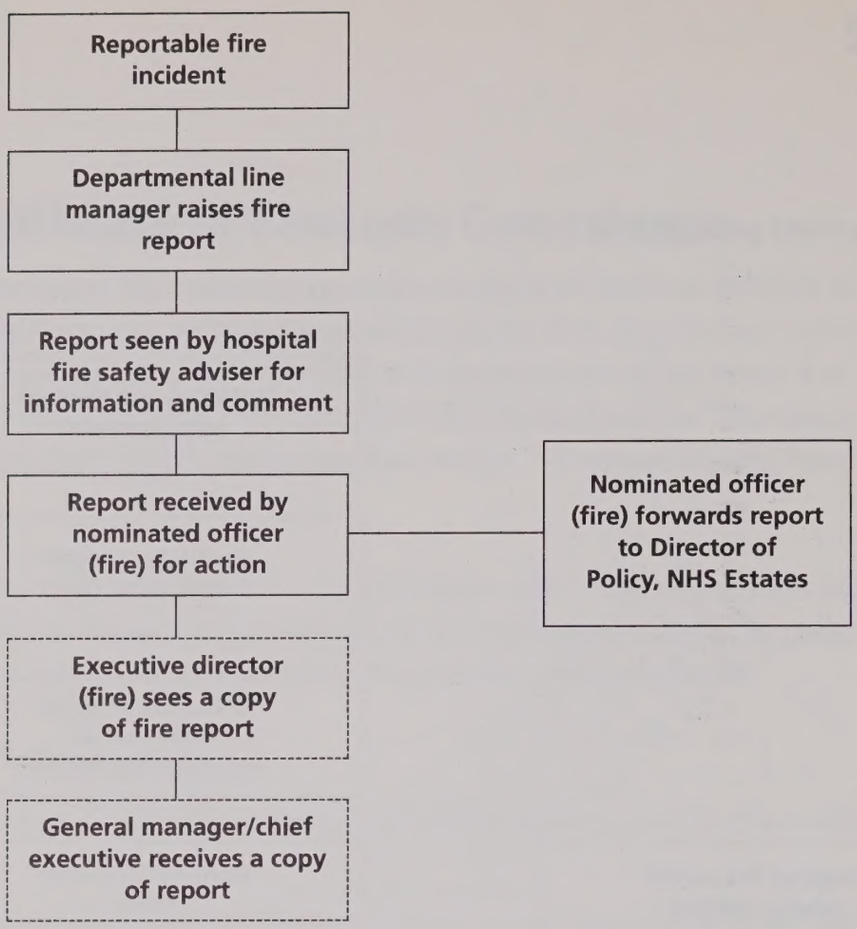
Reportable fire incident
Departmental line manager raises fire report
Report seen by hospital fire safety adviser for information and comment
Report received by nominated officer (fire) for action
Nominated officer (fire) forwards report to Director of Policy, NHS Estates
Executive director (fire) sees a copy of fire report
General manager/chief executive receives a copy of report

Figure 2 Firecode fire reporting procedure

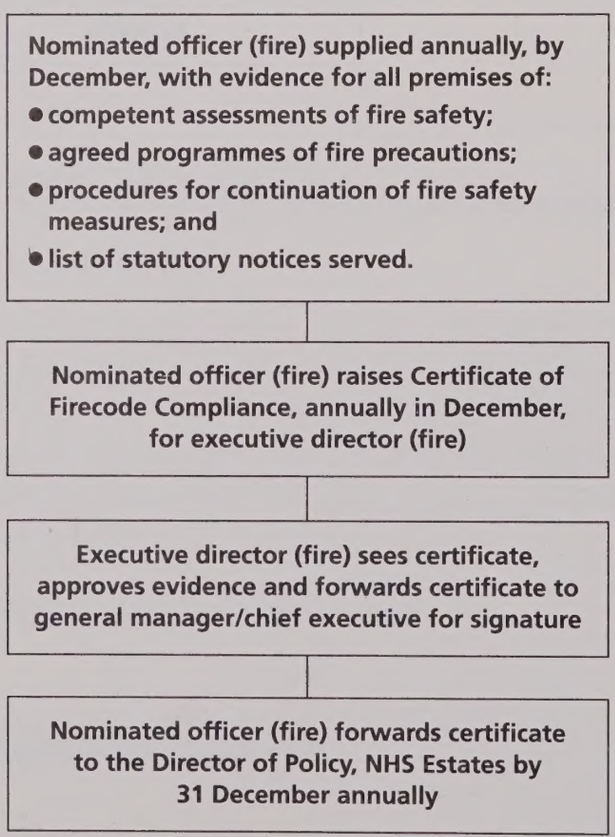
Nominated officer (fire) supplied annually, by December, with evidence for all premises of:
• competent assessments of fire safety;
• agreed programmes of fire precautions;
• procedures for continuation of fire safety measures; and
• list of statutory notices served.
Nominated officer (fire) raises Certificate of Firecode Compliance, annually in December, for executive director (fire)
Executive director (fire) sees certificate, approves evidence and forwards certificate to general manager/chief executive for signature
Nominated officer (fire) forwards certificate to the Director of Policy, NHS Estates by 31 December annually

Figure 3 Recommended procedure for annual Certificate of Firecode Compliance

Report of fire incident

1. Hospital : _____
2. Date of fire: _____
3. Age of premises where fire occurred: _____
4. Time of discovery : _____
5. Estimated time to discovery: _____
6. Time of call to Fire Brigade: _____
7. Time Fire Brigade arrived: _____
8. Time fire was extinguished: _____
9. Estimated cost of damage: _____

Answer questions 10 to 20 by ringing one, or more, of the options provided.
It may be helpful to provide a sketch indicating the extent of fire and smoke spread.

10. Fire discovered by:

1	Employee	3	Visitor/passer-by	5	Smoke detector	7	Other (please specify)
2	Patient	4	Sprinkler	6	Heat detector		

11. Building type

1	Not applicable	3	Nursing home	5	Staff residence	7	Office
2	Hospital	4	Community housing	6	Day centre/clinic	8	Other (please specify)

12. Location of fire

1	Mental health ward	7	A & E	13	Street/main corridor	19	Estates department
2	Elderly ward	8	X-ray	14	Lab/pharmacy	20	Outside building
3	ITU/SCBU	9	Main kitchen	15	Admin/offices	21	Other (please specify)
4	Other ward	10	Main plant room	16	Main stores		
5	Operating department	11	Medical records	17	Education		
6	Outpatients	12	Boiler house	18	Laundry		

13. Method of extinguishment

1	None	4	Fire hose	7	Smothering	10	CO_2, Halon etc.
2	Self extinguished	5	Dousing with water	8	Removal	11	Fire Brigade
3	Extinguisher	6	Equipment isolated	9	Sprinkler	12	Other (please specify)

14. Material first ignited

1	Raw materials	5	Bedding, mattress (on bed)	9	Fittings	13	Decoration, soft toys
2	Vegetation	6	Upholstery	10	Food	14	Cleaning materials
3	Clothing on person	7	Other furnishings	11	Electrical insulation	15	Waste
4	Other textiles	8	Structure	12	Lagging	16	Unknown
						17	Other (please specify)

15. Spread of fire within room of origin

1	Not applicable	3	Stored material	5	Furnishings/linings	7	Other (please specify)
2	Confined to item	4	Furnishings/fittings	6	Equipment		

16. Cause of fire

1	Deliberate	5	Water heating	9	Equipment failure (elec)	13	Smoking
2	Cooking appliances	6	Hotwork	10	Equipment failure (mech)	14	Unknown
3	Space heating	7	Lighting	11	Wire and cable (fixed)	15	Other (please specify)
4	Central heating	8	Naked lights	12	Wire and cable (leads)		

17. Spread of smoke beyond room of origin (Provide sketch if necessary)

1	Not applicable	4	Adjacent room(s)	7	Stairway(s)	10	Adjacent building(s)
2	Confined to room	5	Street/main corridor	8	Other floor(s)	11	Other (please specify)
3	Corridor(s)	6	Adjacent department(s)	9	Roof void(s)		

18. Spread of burning beyond room of origin (Provide sketch if necessary)

1	Not applicable	4	Adjacent room(s)	7	Stairway(s)	10	Adjacent building(s)
2	Confined to room	5	Street/main corridor	8	Other floor(s)	11	Other (please specify)
3	Corridor(s)	6	Adjacent department(s)	9	Roof void(s)		

19. Route of fire spread

1	Not applicable	3	Spaces/voids	5	Open fire door	7	External
2	Ducts	4	Defective fire stopping	6	Stairway/lifts	8	Other (please specify)

20. Extent of evacuation (Provide sketch if necessary)

1	Unnecessary	4	Department	7	Floor	10	Adjacent building(s)
2	Room only	5	Street/main corridor	8	Other floor(s)	11	Other (please specify)
3	Adjacent room(s)	6	Adjacent department(s)	9	Whole building		

Cause and effects on persons involved

Please indicate below the numbers of persons involved; boxes should be left blank if the answer is none.

21. Number of people in room of origin:	Patients		Staff		Visitors	
22. Number of people evacuated from room:	Patients		Staff		Visitors	
23. Number of people evacuated from department:	Patients		Staff		Visitors	
24. Number of people evacuated from floor:	Patients		Staff		Visitors	

Please indicate in the table below the types and numbers of injuries and deaths to persons.

25. Injuries to persons

Injuries caused by	Patients			Staff		Visitors	
	Killed	Injured	Condition aggravated	Killed	Injured	Killed	Injured
Burns							
Smoke inhalation							
Evacuation							

'Near miss' information

The following set of information considers the possible implications had the fire spread further.
Please indicate by ringing one, or more, of the options below.

26. Areas to be next affected (Provide sketch if necessary)

01	Not applicable	07	Outpatients	13	Boiler house	19	Laundry
02	Mental health ward	08	A & E	14	Street/main corridor	20	Estates department
03	Elderly ward	09	X-ray	15	Lab/pharmacy	21	Adjacent building
04	ITU/SCBU	10	Main kitchen	16	Admin/offices	22	Other (please specify)
05	Other ward	11	Main plant room	17	Main stores		
06	Operating department	12	Medical records	18	Education		

27. Estimate of time that would elapse before the next area was evacuated: _____

28. Estimate of time evacuation of the next area would take: _____

29. Additional comments, including the sequence of events (where relevant) and a brief description of the building construction and size. Use additional sheets if required.

Return to:
The Director of Policy
NHS Estates
Department of Health
1 Trevelyan Square
Boar Lane, Leeds, LS1 6AE

Completed by:

Name: _____ Position: _____

Signature: _____ Date: _____

Appendix 4

Other Firecode publications

Details are given below of all other documents which together with this document form Firecode, and which may be obtained from HMSO. (The information is correct at the time of publication of 'Policy and principles'.)

Firecode

Directory of fire documents, 1987. *HMSO*
Nucleus fire precautions recommendations, 1989. *HMSO*
Nucleus fire evacuation strategy, 1986. *DH*

Health Technical Memoranda

81 Fire precautions in new hospitals, 1987, with Supplement 1, 1993. *HMSO*
82 Alarm and detection systems, 1989. *HMSO*
83 Fire safety in healthcare premises: general fire precautions, 1994. *HMSO*
85 Fire precautions in existing hospitals (due mid-1994 to replace Home Office Draft Guide on the same subject). *HMSO*
86 Assessing fire risk in existing hospital wards (new edition with new title due mid-1994 to replace 1987 edition) *HMSO*
87 Textiles and furniture, 1993. *HMSO*
88 Fire safety in healthcare premises: guide to fire precautions in NHS housing in the community for mentally handicapped (or mentally ill) people, 1986. *HMSO*

Fire Practice Notes

1 Laundries, 1987. *HMSO*
2 Storage of flammable liquids, 1987. *HMSO*
3 Escape bed lifts, 1987. *HMSO*
4 Hospital main kitchens (1994). *HMSO*
5 Commercial enterprises on hospital premises, 1992. *HMSO*
6 Arson prevention and control in NHS healthcare premises (1994). *HMSO*

Other publications

(Given below are details of all other Health Technical Memoranda available from HMSO. HTMs marked (*) are currently being revised, those marked (†) are out of print. Some HTMs in preparation at the time of publication of this HTM are also listed.)

1 Anti-static precautions: rubber, plastics and fabrics*†
2 Anti-static precautions: flooring in anaesthetising areas (and data processing rooms)*, 1977.
3 –
4 –
5 Steam boiler plant instrumentation†
6 Protection of condensate systems: filming amines†
2007 Electrical services: supply and distribution
8 –
9 –
10 Sterilizers*†
2011 Emergency electrical services, 1993.
12 –
13 –
2014 Abatement of electrical interference, 1993.
15 Patient/nurse call systems†
16 –
17 Health building engineering installations: commissioning and associated activities, 1978.
18 Facsimile telegraphy: possible applications in DGHs†
19 Facsimile telegraphy: the transmission of pathology reports within a hospital – a case study†
2020 Electrical safety code for low voltage systems, 1993.
2021 Electrical safety code for high voltage systems, 1993.
22 Piped medical gases, medical compressed air and medical vacuum installations*†
22 Supp. Permit to work system: for piped medical gases etc†
23 Access and accommodation for engineering services†
24 –
25 –
26 Commissioning of oil, gas and dual fired boilers: with notes on design, operation and maintenance†
27 Cold water supply storage and mains distribution* [Revised version will deal with water storage and distribution], 1978.
28 to 39 –
2040 The control of legionellae in healthcare premises – a code of practice, 1993.
41 to 53 –

Component Data Base (HTMs 54 to 70)

54.1 User manual, 1989.
55 Windows, 1989.
56 Partitions, 1989.
57 Internal glazing, 1989.
58 Internal doorsets, 1989.
59 Ironmongery, 1989.
60 Ceilings, 1989.
61 Flooring, 1989.
62 Demountable storage systems, 1989.
63 Fitted storage systems, 1989.
64 Sanitary assemblies, 1989.
65 Signs†
66 Cubicle curtain track, 1989.
67 Laboratory fitting-out system, 1993.
68 Ducts and panel assemblies, 1993.
69 Protection, 1993.
70 Fixings, 1993.
71 to 80 –

New HTMs in preparation

Lifts

Combined heat and power

Telecommunications (telephone exchanges)

Washers for sterile production

Ventilation in healthcare premises

Risk management and quality assurance

Health Technical Memoranda published by HMSO can be purchased from HMSO bookshops in London (post orders to PO Box 276, SW8 5DT), Edinburgh, Belfast, Manchester, Birmingham and Bristol or through good booksellers. HMSO provide a copy service for publications which are out of print; and a standing order service.

Enquiries about Health Technical Memoranda (but not orders) should be addressed to: NHS Estates, Department of Health, Publications and Marketing Unit, 1 Trevelyan Square, Boar Lane, Leeds LS1 6AE.

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NHS Estates is an Executive Agency of the Department of Health and is involved with all aspects of health estate management, development and maintenance. The Agency has a dynamic fund of knowledge which it has acquired during 30 years of working in the field. Using this knowledge NHS Estates has developed products which are unique in range and depth. These are described below.

NHS Estates also makes its experience available to the field through its consultancy services.

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Design Guides – complementary to Health Building Notes, Design Guides provide advice for planners and designers about subjects not appropriate to the Health Building Notes series. *HMSO*

Estatecode – user manual for managing a health estate. Includes a recommended methodology for property appraisal and provides a basis for integration of the estate into corporate business planning. *HMSO*

Capricode – a framework for the efficient management of capital projects from inception to completion. *HMSO*

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